

**CITY OF BLUE LAKE
APPLICATION & PERMIT
BUILDING DEPARTMENT**

1 SITE INFORMATION		3 BUILDING			
PROJECT ADDRESS _____		USE OF BUILDING		DESCRIPTION	
ASSESSOR PARCEL NUMBER _____	NEAREST CROSS STREET _____	GROUP	DIVISION	TYPE OF CONSTRUCTION	DWELLING UNITS
OWNER _____	PHONE _____	NEW	ADD/ALTER	REPAIR MOVE	DEMOLISH
MAIL ADDRESS _____		SIZE OF BUILDING 'X' ' = SQ. FT. @ \$ ' = \$		VALUATION	
CONTRACTOR _____		STATE LICENSE NO. _____		SIZE OF GARAGE 'X' ' = SQ. FT. @ \$ ' = \$	
MAIL ADDRESS _____		PHONE _____		PORCHES, PATIO, FIREPLACE, ETC. 'X' ' = SQ. FT. @ \$ ' = \$	
DESCRIPTION OF WORK _____		TOTAL VALUATION \$			
		Plan Check Fee \$		BUILDING PERMIT FEE \$	
		ADA \$1 ⁰⁰ CBSC \$ _____		STATE SEISMIC FEE \$	
2 LEGAL DECLARATIONS		4 PLUMBING			
LICENSED CONTRACTOR DECLARATION		No.	Type Fixture or Item	Each	FEE
I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.			Water Closet (Toilet)		
Lic. Number _____ License Class _____			Bath Tub		
Contractor _____ Date _____			Shower		
OWNER-BUILDER DECLARATION			Lavatory (Wash Basin)		
I hereby affirm that I am exempt from the Contractor's License Law for the following reason:			Kitchen Sink		
<input type="checkbox"/> I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.			Laundry Tub or Tray		
<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.			Clotheswasher Waste Pipe		
<input type="checkbox"/> I am exempt under Sec. _____, B., & P.C. for this reason: _____			Dishwasher		
Owner _____ Date _____			Garbage Disposal		
WORKERS' COMPENSATION DECLARATION			Water Piping System		
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.).			Gas Line System		
Company _____ Policy No. _____			Water Heater with Vent		
<input type="checkbox"/> Certified copy is hereby furnished.			House Sewer		
<input type="checkbox"/> Certified copy is filed with the Building Dept. City of Blue Lake			Other		
Applicant _____ Date _____			Issuance Fee		
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE		PLUMBING PERMIT FEE \$			
(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)		5 MECHANICAL			
I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.		No.		Each	FEE
Applicant _____ Date _____			Heating Appliance		
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.					
CONSTRUCTION LENDING AGENCY			Issuance Fee		
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).		MECHANICAL PERMIT FEE \$			
Lender's Name _____		6 ELECTRICAL			
Lender's Address _____		No.		Each	FEE
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.			Fixtures		
NOTICE			Switches - Receptacles		
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANY TIME AFTER WORK IS COMMENCED.			Range		
_____			Amp - meter		
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT			Dryer		
_____			Sub Panel		
SIGNATURE OF OWNER (IF OWNER BUILDER)			Battery Backup		
			Solar		
			Issuance Fee		
		ELECTRICAL PERMIT FEE \$			
		REFERRAL FEES \$			
		TOTAL PERMIT FEES \$			

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

ISSUED BY _____

Cash

Check No. _____

PERMIT NUMBER

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